

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION GAMING CONTROL BOARD

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV

CHARITABLE GAMBLING AFTER OCCASION REPORT

This report must be filed with the Delaware Gaming Control Board within thirty (30) calendar days after the conclusion of this event or if the event is cancelled.

1.	Name of Sponsoring Organization:			
2.	Permit Number: CE-			
3.	Location of event:	-		
4.	Date of event: Time of event:			
5.	Location of event: Time of event: Number of players:			
6.	Number of players:			
7.	Total gross receipts:			
	(a) Receipts from admission	\$		
	(b) Receipts from all games	\$		
	(c) Receipts from food & beverage sales	\$		
	(d) Other receipts	\$		
			TOTAL \$	
8.	Total expenses:			
	(a) Total cost of all prizes	\$		
	(b) Cost of use of event premises	\$		
	(c) Cost of advertising	\$		
	(d) Cost of (gaming) supplies used	\$		
	(e) Cost of bookkeepers or accountants	\$		
	(e) Other (attach description)	\$		
	(c) care (ansert accorpancy)	т	TOTAL \$	
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9.	NET PROFITS (Subtract TOTAL EXPENSES from	n TOTAL GROSS R	ECEIPTS above): \$	
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10	. Name(s) and address of member(s) in charge:			
11	. Purpose(s) for which the event's net proceeds will b	e used:		
l In	der penalties of perjury I do hereby state under oath that a	all statements in the fo	regoing report are true and correct and that the	
	me was conducted in accordance with the provisions of the			
	verning the conduct of such games.	.a.ro or ano otato, the		
3	5 - 5			
PR	INT NAME OF MEMBER-IN-CHARGE:			
SIC	SIGNATURE OF MEMBER-IN-CHARGE:			